

CERVICAL CANCER SCREENING & FOLLOW-UP WORKSHEET

Cancer Detection Programs:
Every Woman CountsRecipient ID

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Recipient's
Last Name

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First Name

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Middle Initial

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CERVICAL CANCER SCREENING

1. Cervical Cancer Screening Performed through
Cancer Detection Programs: Every Woman Counts?
☐ Yes ☐ No

Pelvic Exam

2. Date of CURRENT pelvic exam

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3. Rectovaginal exam performed? ☐ Yes ☐ No

4. Previous Pap Smear Test(s)? ☐ Yes ☐ No ☐ Unknown

5. Date of most recent PREVIOUS Pap smear

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(Month--MM) / (Year--YYYY)
☐ Date unknown

Pap Smear Test

6. Date of Pap smear test:

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7. Specimen Adequacy
(Check one)

- ☐ Satisfactory for evaluation
☐ Unsatisfactory for evaluation

8. Specimen Type
(Check one)

- ☐ Conventional smear
☐ Liquid Based (not covered)
☐ Other (not covered)
☐ Unknown

9. Pap Smear Results (Check one)

- ☐ Negative for intraepithelial lesion or malignancy
☐ ** Atypical squamous cells of undetermined significance (ASC-US)
☐ ** Atypical squamous cells of undetermined significance, cannot exclude HSIL (ASC-H)
☐ ** Low grade squamous intraepithelial lesion (LSIL) encompassing: human papillomavirus/mild dysplasia/cervical intraepithelial neoplasia (CIN I)
☐ * High grade squamous intraepithelial lesion (HSIL) encompassing: moderate and severe dysplasia, carcinoma in situ; CIN II and CIN III
☐ * Squamous cell carcinoma
☐ * Atypical glandular cells (AGC)
☐ * Atypical glandular cells (AGC), favor neoplastic
☐ * Endocervical adenocarcinoma in situ (AIS)
☐ * Adenocarcinoma
☐ Other (specify)

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10. If Pap smear test not performed, why not? (Check one)

- ☐ Not needed
☐ Needed but not performed (includes refused)
☐ Done recently, cervical screening and follow-up services paid with non-program funds

NEXT STEP

11. Based on pelvic exam or Pap smear test results, the next step for this Recipient is:

- ☐ Recipient should return for routine rescreen

- ☒ * IMMEDIATE WORK-UP

- ☐ ** Short-Term Follow-Up

CERVICAL CANCER FOLLOW-UP

Cervical Cancer Diagnostic Procedures

12. Colposcopy without biopsy

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13. Colposcopy directed biopsy

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14. Other procedure performed

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15. Specify:

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16. Other procedure performed

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17. Specify:

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18. Cervical Cancer Diagnosis Status

(Check only one)

- ☐ Work -up complete
☐ Lost to follow-up (two phone calls and certified letter sent)
☐ Work -up refused
☐ Died before work-up completed

19. Date of this diagnostic status

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20. Cervical Cancer Final Diagnosis

(Check only one)

- ☐ Normal/benign reaction
☐ HPV/condylomata/atypia
☐ CIN I (biopsy diagnosis)
☐ CIN II (biopsy diagnosis)
☐ CIN III/carcinoma in situ (stage 0) (biopsy diagnosis)
☐ Invasive cervical carcinoma (biopsy diagnosis)
☐ Other (specify)

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21. Date of this diagnosis

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22. Invasive Cervical Cancer Stage

(Check only one)

- ☐ AJCC Stage I
☐ AJCC Stage II
☐ AJCC Stage III
☐ AJCC Stage IV
☐ Stage unknown (check if the invasive cancer stage is unconfirmed or not available)

23. Cervical Cancer Treatment Status

(Complete if final diagnosis is CIN II, CIN III, or invasive cancer)

(Check only one)

- ☐ Treatment initiated
☐ Referred for treatment (pending)
☐ Lost to follow-up (two phone calls and certified letter sent)
☐ Treatment refused
☐ Treatment not needed
☐ Died before entering treatment

24. Date of this treatment status

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